



COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

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COMMONWEALTH of VIRGINIA
Department for the Aging
Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: May 25, 2004

SUBJECT: Washington Post Articles on Virginia's Assisted Living Facilities

On Sunday, May 23, 2004, the Washington Post began a four-part series on Virginia's assisted living facilities. The link appears below. This is a detailed series that you will probably hear more about. The fourth article will appear in tomorrow's Washington Post and should be posted through this link too.

If you do not routinely access the Washington Post online, you will be asked to complete a brief anonymous survey.

<http://www.washingtonpost.com/wp-dyn/metro/va/homes/>

Additional resources are included in the side bar titled "A Dangerous Place". The Day 2 Video titled "A Combustible Mix" and the Video "Choosing an Assisted Living Home" features an interview with David Sadowski.

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MEMORANDUM

TO: Executive Directors
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FROM: Tim M. Catherman
Deputy Commissioner, Support Services

DATE: May 25, 2004

SUBJECT: Virginia Aging and AoA in the News

Below are Virginia Aging or AoA related articles that have occurred since last week's Tuesday E-mailing. None of the links require a paid service; however, some (like the Washington Post, etc.) ask you to complete a brief survey or registration. Please note some links are time sensitive and can change daily.

Virginia AAAs In the News

MEOC newspaper article and photo from the walkathon.

http://www.zwire.com/site/news.cfm?BRD=1283&dept_id=158551&newsid=11715372&PAG=461&rfi=9
http://www.zwire.com/site/news.cfm?newsid=11668006&BRD=1283&PAG=461&dept_id=158544&rfi=6

Puzzling Through Medicare's Discount Cards

NPR's Joanne Silberner attends a class on how to pick a card, offered by the Fairfax Area Agency on Aging in Virginia, and reports on the obstacles the group ...

<http://www.npr.org/features/feature.php?wfid=1901388>

HOT line offers help on Medicare Drug Discount cards

The Burke Times - Reston, VA, USA

The Area Agency on Aging has scheduled two information seminars on the new cards: June 1, Leesburg Senior Center, 7 p.m.; and June 23, Cascades Senior Center, 10 a.m.

http://www.zwire.com/site/tab1.cfm?newsid=11714066&BRD=2553&PAG=461&dept_id=506035&rfi=6

Winchester Star - Winchester, VA, USA

New Senior Center May Cost Twice the Estimate

http://www.winchesterstar.com/TheWinchesterStar/040519/Area_SEnior.asp

AoA News From Around the Nation

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Hampton Roads Daily Press - Newport, VA, USA

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Aging In The News

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... Nationally, the 65-and-older age group numbered 35.6 million in 2002, or 12.3 percent of the population, the US Administration on Aging reported. ... <http://www.dailypress.com/business/local/dp-14038sy0may20_0,1308311.story?coll=dp-business-localheads>

GOVERNMENT Warns Elderly Against Mixing Drugs, Alcohol
Kansas City infoZine - Kansas City,MO,USA

... The Administration on Aging and the Substance Abuse and Mental Health Administration, both part of HHS, announced the initiative, called "As You Age," which ...
<<http://www.infozine.com/news/stories/op/storiesView/sid/2303/>>

ODOM a finalist; Daniel graduates; Legacy Shoppe honored Gainesville Times - Gainesville,GA,USA ...
The Legacy Shoppe in Gainesville has been highlighted as one of the "Aging Well, Living Well" programs by the US Administration on Aging in honor of Older ...

<<http://www.gainesvilletimes.com/news/stories/20040518/localnews/445266.html>>

SOCIAL Security: Organizations celebrate Older Americans Month Sebastian Sun - Sebastian,FL,USA
May is Older Americans Month, and Social Security joins the Administration on Aging and other organizations around the nation in celebrating the occasion. ...

<http://www.tcpalm.com/tcp/community/article/0,1651,TCP_1175_2896753,00.html>

DISASTERS hit elderly hard
Disaster News Network - USA

... The system - proposed by the federal Administration on Aging - aims to provide a response to the needs of seniors with "strike force" impact when a disaster ...

<<http://www.disasternews.net/news/news.php?articleid=2248>>

YONKERS intergenerational program gets federal recognition

The Journal News.com - Westchester,NY,USA

... On Monday, the US Administration on Aging will feature the 8-year-old county program on its Web site — www.aoa.gov — to show other communities how to set ...

<<http://www.thejournalnews.com/newsroom/052204/b0322ykcomputer.html>>

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill, Program Coordinator

DATE: May 25, 2004

**SUBJECT: TECHNICAL ASSISTANCE:
NUMBER OF HOME DELIVERED MEALS PER WEEK**

I am going to start sharing questions that I receive from Area Agencies on Aging, my responses, and resulting technical assistance. I hope you find the information useful.

Question: The VDA Home Delivered Nutrition Service Standards indicate that home delivered meal clients are to receive at least 5 meals per week, and if under 5 meals, then special permission must be given by the state. Is this a correct interpretation? With revenue shortfalls and cuts, the case managers want to reduce the number of home delivered meals from 5 to less than 5 per week. What is the method for getting permission?

VDA Home Delivered Nutrition Service Standard

Service Delivery Elements: The Area Agency on Aging or service provider must perform all of the following components of Home Delivered Nutrition Services:

Program Requirements: Each nutrition services provider must establish and operate nutrition projects for older individuals which, 5 or more days a week (except when a lesser frequency is approved by the State agency), provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental food with a satisfactory storage life, meal per day (per meal recipient), and any additional meals which the provider elects to provide (Older Americans Act of 1965, as amended, Section 336)

TECHNICAL ASSISTANCE: NUMBER OF HOME DELIVERED MEALS PER WEEK
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Older Americans Act of 1965, as Amended in 2000

Title III Part C Nutrition Service – Subpart 2 – Home Delivered Nutrition Services

Sec. 336: . . . for the establishment and operation of nutrition projects for older individuals which, 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one home delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.

Correspondence from Joseph M. Carlin, MS, RD, FADA: Joe Carlin is from U S. Administration on Aging and the Regional Nutritionist for Virginia.

Sec. 336 spells out the requirement that home delivered nutrition services will be "5 or more days a week" except when delivery is made to rural areas (AoA defines what is rural) or the AAA receives permission from the state agency.

This 5-day provision has been in the OAA since the beginning. The intent was that *when* AAAs identify a recipient who needs that service they will receive it every day of the week, except on weekends. I think an AAA would have a hard time trying to come up with a justification for reducing HDS to less than 5 days per week.

It is true that all programs are under considerable pressure to maintain service levels under the stress of increases in labor and transportation costs. I have heard of AAAs switching to frozen meal delivery systems, expanding their waiting list, and reviewing their criteria for eligibility for HDMs but I have not heard of a program actually cutting back on days of service. The AAA would have to come up with one solid argument for that drastic change in programming and to make it feasible, a lot of recipients would have to see a cut in service.

Interpretation: A huge amount of money goes to the home delivered nutrition program. Can we justify to the public and legislators that we are having an impact on an older person's health by providing fewer than 5 meals a week? Can fewer than 5 meals a week make a meaningful contribution to keeping someone out of an institution, for example?

An exception to providing a minimum of 5 home delivered meals per week will be considered by VDA when delivery is made to rural areas, as defined by Administration on Aging, *and* permission is granted by the state agency.

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MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen Nau, Human Services Program Coordinator

DATE: May 25, 2004

SUBJECT: National Family Caregiver Support Program, Hospice

Caregiving at Life's End, a program for family/friend caregivers, was developed by the Hospice Institute of the Florida Suncoast under a grant from the Administration on Aging. The Virginia Department for the Aging now has a CD and paper copy of the manual for this Train the Trainer Program. The program was the winner of the 2003 Award of Excellence in Education in the category of Programs for Patients and Families sponsored by the National Hospice & Palliative Care Organization.

180 professional trainers in the United States have been trained in the Hospice Institute program and are able to offer Caregiving at Life's End to family caregivers in their own communities. Caregiving at Life's End is based on a national needs assessment of family caregivers. The training is designed to enable a caregiver to care for a terminally ill loved one and to deal with the loss of that person.

Individuals in Virginia trained by the Hospice Institute of the Florida Suncoast in the Caregiving at Life's End program:

Virginia

City: Arlington
Unitarian-Universalist Church of Arlington
Carolyn Menk (703) 892-2565
cjmenk@earthlink.net

SUBJECT: National Family Caregiver Support Program, Hospice

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City: Colonial Heights
Crater Community Hospice
Karen Reynolds (804) 526-4300
cratercommunityhospice@msn.com

City: Fairfax
SOLACE
Lisa Martin (703) 460-9222
lmartin@thehospices.org

City: Fairfax
The Hospices of the National Capital Region
Susan Rogers (703) 460-9221
srogers@thehospices.org

City: Falls Church
Life with Cancer Inova Fairfax Hospital
Drucilla Brethwaite (703) 698-2841
drucilla.brethwaite@inova.com

City: Lexington
Rockbridge Area Hospice
Margaret Watkins (540) 463-1848
rahsocserve@rockbridge.net

City: Richmond
Bon Secours Hospice
Debbie Bradley (804) 627-5360
debdancing@aol.com

COMMONWEALTH of VIRGINIA

Department for the Aging

Jay W. DeBoer, J.D., Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors

FROM: Carol Cooper Driskill, Program Coordinator

DATE: May 25, 2004

**SUBJECT: SERVICE STANDARD REMINDER:
PHYSICAL ACTIVITY AT CONGREGATE MEAL SITES**

VDA Congregate Nutrition Service Standard:

Service Delivery Elements: Physical Activity and Exercise

Voluntary participant-appropriate physical activities shall be offered on a continuing basis, with the goal of at least weekly. Daily participant-appropriate physical activity will be provided as feasible. Participants will be advised to discuss the physical activity program with their physician or health care professional.

The attached article, ***Tips for Working with Older Adults in Physical Activity Programs***, was written by a research manager with American Society on Aging. I found the ten tips to be interesting and helpful.

Please contact me at (804) 662-9319 or carol.Driskill@vda.virginia.gov with any questions.

Tips for Working with Older Adults in Physical Activity Programs

by Chaya Gordon, MPH
Research Manager, American Society on Aging

#1 Older adults are not a homogeneous group

A room full of older adults may include a wide range of ages, encompassing several generations. There may be big differences in functional or cognitive capacity. There may also be big differences between individuals based on culture, race, religion, language, sexual orientation, income, education, gender, physical ability, size, or other factors. Age may be a commonality, but each elder is a unique individual.

#2 Be aware of ageist attitudes

Prejudice and discrimination based on age can take many forms, some more obvious than others. For example, “you don’t look 80” is intended as a compliment, but the underlying assumption is that 80 doesn’t look good. Another way we are socialized to be ageist is to expect less of someone based on their age rather than their ability. Watch out for ageist attitudes that you may be expressing inadvertently verbally or in written materials.

#3 Older adult? Senior? Elderly? Little old lady? Geezer? Elder?

“Geezer” and “little old lady” are obviously offensive ways to refer to older adults, but what about “elderly” and “senior?” Many feel that these words, while commonly used, are stereotypical and offensive. Also, there are generational differences in the language we use. For example, some older adults are not comfortable being referred to as “you guys.” “Elder” and “older adult” seem fairly neutral and respectful, but remember that people of varying cultural backgrounds may respond to words differently, and everyone may not be comfortable with the same descriptors. Regardless of what words are used, an underlying respect for the elders you’re working with will speak volumes.

#4 Focus on the strengths of the individual and group

Society’s ageist attitudes negatively represent aging as a time characterized chiefly by loss (loss of physical and mental ability, loss of family, friends and social contacts, loss of identity, loss of independence, etc.). While it’s important to acknowledge loss, elders as individuals and as a group have many strengths and assets. Aging is full of negative messages: use this opportunity to tap into and promote the positive side.

#5 Be inclusive and nonjudgmental

Use eye contact and other techniques to engage and include everyone in a group or class. In a group setting some elders may need or want more of your attention than others, which can be very challenging. Try to acknowledge and validate the needs of an individual while immediately refocusing attention back on the whole group. Establish a positive, nonjudgmental tone that supports all participants.

#6 Be aware of communication difficulties due to vision or hearing impairments or low literacy

Many elders have vision and hearing impairments. Others may have low literacy in their primary language (whether it's English or another language), which makes it difficult for them to use written materials. It may be hard to determine if an older adult is having difficulty (or you are having difficulty communicating with them) due to hearing or vision impairment, low literacy, a cognitive problem, or some other problem entirely. Older adults may feel embarrassed or ashamed and may mask these problems. For example, an older man who doesn't know how to read may say he forgot his reading glasses. Make sure everyone in the group can see and hear you. Print materials for older adults should be in a font that's at least 14-point, no italics or script, with high contrast and a clear, simple layout. Lighthouse International has two excellent free pamphlets, "Making Text Legible: Designing for People with Partial Sight" and "Effective Color Contrast: Designing for People with Partial Sight and Color Deficiencies" (call 800-829-0500 to request). The Harvard School of Public Health website is an excellent health literacy resource (www.hsph.harvard.edu/healthliteracy).

#7 Be aware of fears and concerns that older adults may have

Losing independence. Isolation. Falling. Getting injured. Not really wanting to participate in a class or program. Not being accustomed to doing physical activity. Not feeling that it's ok to do physical activity. These are just some of the things the elders in a class or program may be experiencing. Listen to their concerns, validate their reality, and appreciate that you are in a position to help them make positive changes in their lives.

#8 Pay attention to learning and teaching style

P.M. Fitts developed the theory that learning a motor skill involves three phases: (1) the cognitive phase (learning, especially by visual cues such as demonstration of the movement; beginning to understand how the task is performed); (2) the associative phase (trial and error learning; decreasing of initial cognitive planning; refinement of necessary motor movements); and (3) the autonomous phase (less conscious thought about the movement). There are many performance variables including the individual's characteristics, motivation, and prior experience; the movement's complexity; and the learning environment. Older adults can certainly learn new complex motor skills, but may learn at a different rate or need different instructional techniques than younger adults. Be prepared for a wide range of abilities among participants. It is key for an instructor to break down components into small parts. Give participants a lot of positive reinforcement and positive feedback. Pay close attention to proper form and alignment, but encourage individual expression and variation wherever appropriate. And remember, every person can improve her/his level of physical fitness. Be sure to celebrate progress with the participants!

#9 Encourage social interaction

Part of the benefit of participating in physical activity in a group setting is the opportunity for social interaction. Develop techniques to incorporate social interaction in a way that does not conflict with the program's routine or structure. Some possibilities are: a 5 – 10 minute informal warm-up before an exercise class during which participants can talk with each other while walking or doing other warm-up activities, or partner exercises during a class. Create ways to encourage interaction among participants in class and outside of class.

#10 Learn from elders -- They're the experts!

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MEMORANDUM

TO: Executive Directors
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FROM: Ellen Nau, Human Services Program Coordinator

DATE: May 25, 2004

SUBJECT: Giles Health and Family Center

The Giles Health and Family Center located in Pearisburg, Virginia, received an Adult Day Care Incentive Grant from the Virginia Department for the Aging in 2001. As a result of the development of the center, the town of Pearisburg has received the 2004 Virginia Downtown Development Award in the Building Development and Improvements Classification for communities with a population under 25,000.

The Downtown Development Award recognizes Pearisburg's adaptive reuse of a building to provide vitally needed services in a rural community. Services now offered are adult day care, childcare and a Free Clinic. Future plans include leasing space to specialized medical providers and establishing a mental health clinic for needy citizens. A bus suitably equipped for the elderly and handicapped provides transportation services.

The \$100,000 Virginia Department for the Aging grant was combined with support from the Town of Pearisburg and Giles County and funding from the Virginia Department of Housing and Community Development and the Rural Development Agency of the United States Department of Agriculture. A public private partnership was formed with funding and operational support from Carilion Health Systems and Carilion Giles Memorial Hospital foundations and a grant for equipment from Celanese Corporation.

Congratulations to all involved in this successful public/private partnership venture!

SUBJECT: Giles Health and Family Center
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For more information on intergenerational adult day care programs, see the attached article from the Tuesday, September 23, 2003 Wall Street Journal Online that mentions the Giles Health and Family Center program.


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PERSONAL JOURNAL

Day-Care Programs Group Toddlers With the Elderly

By ANNE MARIE CHAKER
 Staff Reporter of THE WALL STREET JOURNAL

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Toddlers bop to surf music from a boom box, while a dozen senior citizens sit uneasily nearby -- some dozing, others disinterested, and a few downright cranky.

But within five minutes, things start to change. Tito, a 95-year-old former truck driver with a hearing aid, smiles and bobs his head from side to side as a toddler stops by his chair to boogie. Rosie, a former nurse and teacher who can barely see, gets up to dance. And Bill, a 66-year-old retiree with Parkinson's disease, bounces a little girl on his lap. By the end of the session, at the Mount Kisco Day Care Center in Westchester County, N.Y., it is hard to recognize the grumpy elders of a half-hour ago.

The two groups, at extremes of the aging spectrum, are at the forefront of a movement that is transforming elderly-care facilities and day-care centers alike. "Intergenerational" is becoming the new buzzword in the business of caring for both the very young and very old, as programs around the country join small children with elderly people who might otherwise be cooped up in retirement homes or living alone. The goal is to help the two age groups relate better -- and in doing so, improve the energy and psychological outlook of elderly people as well as the social skills and confidence of pre-schoolers.

Though there have been experiments with the concept for years, it has only recently taken off. The number of facilities with joint care programs for the elderly and small children has grown by one-third, to close to 1,000 in the past five years, according to an estimate by Generations United, a Washington-based group that promotes intergenerational programs and policies.

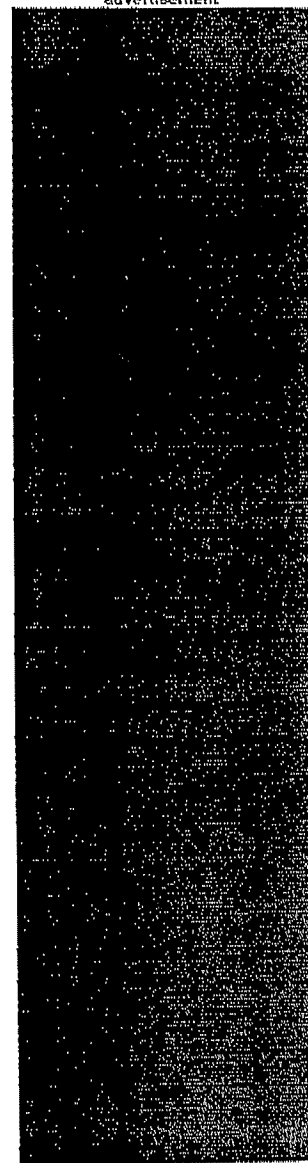
WHEN FOURS MEET 84S



See a chart of some programs that offer intergenerational activities.
 Adobe Acrobat required.

And more are being started all the time. The Giles Health & Family Center, a day-care center for aging adults in Pearisburg, Va., is opening a children's component by the end of this month. In July, the Macklin Intergenerational Institute in Findlay, Ohio, opened its doors. At the 189,000-

advertisement



square-foot "village," the children often refer to the seniors as their "Grandmas" and "Grandpas."

Experts say the programs encourage the kinds of relationships between young and old that once came naturally. In recent decades, the gap between generations has widened, with families becoming more spread out and elderly people fleeing for sunny retirement communities. Increasingly, older adults "may not be hearing a kid laughing or asked to change a diaper," says Matthew Kaplan, a professor at Penn State University. Other proponents add that the concept offers communities a much more cost-effective way of providing care because resources and staff are shared.

Still, there are some concerns about regularly mixing the two groups, including worries that perpetually sniffing toddlers will pass germs to the vulnerable elderly. And questions linger over whether seriously ailing seniors -- for example, those with advanced stages of dementia -- are really the best thing for very small children.

Nevertheless, some studies suggest that being part of children's lives can increase senior citizens' sense of purpose and can lead to a healthier old age. One recent study by researchers at Johns Hopkins University, for example, found that senior citizens who volunteered in the Baltimore public schools reported increased strength, as well as better walking ability and fewer falls.

Another study published earlier this year in the American Journal of Alzheimer's Disease and Other Dementias observed 48 older adults over the course of a week at an intergenerational site. Researchers took note of the apparent mood and behavior of the subjects, coding it every five minutes. Results showed that the participants' general well-being was significantly better when they interacted with children than when they did not.

Thrilled to be Called 'Grandma'

Don Moses knows all this firsthand. After his 82-year-old aunt moved in with him in Arcadia, Ohio, her increasing forgetfulness and boredom soon became more than he could handle. Last year, he enrolled her at a nearby adult day-care center that had a joint program with children, and her whole outlook changed after just the first day, he says. She became more enthusiastic, and in particular looked forward to seeing the children. "That's all she talks about when she comes home -- the kids she saw today," says Mr. Moses, who recalls how thrilled she became when one child called her "Grandma."

Such interactions can help children as well. One study of 200 preschool children in Northwest Ohio sought to compare the social skills of pre-schoolers in an intergenerational program with those in regular day care. Overall, those in the intergenerational program scored higher in social development. In particular, they scored much higher in social manners -- saying "please" and "thank you."

Holding Hands

Holly Berger, whose four-year-old daughter, Maisy, has attended intergenerational day care since she was six months old, believes that her daughter's daily exposure to the "neighbors" at the ONEgeneration Daycare center in Van Nuys, Calif., has contributed to her heightened social awareness and outgoing nature. Maisy often reaches out to elderly people in the street or in grocery stores, either to engage them in chitchat or just simply to hold their hand.

"She has no concept of that being strange or scary," says Ms. Berger.

People in the field stress that the focus of intergenerational activity should always be more on the interaction -- how well young and old relate -- rather than the actual activity, whether it is bowling or baking cupcakes. At the day-care center in Mount Kisco, September's "Intergenerational Activity Calendar" lists at least a couple of shared activities a day, such as making "jazzy jewelry," "bowling for dollars," and "glue the apples."

But much of the interaction is casual. One recent day, 86-year-old Lucy Todisco, sits with a two-year-old boy named William, who is two-fisting crayons. "Who are you going to draw -- me or you?" she asks. Farther back in the playroom, Karl Essell, 73, reads "My Five Senses" to two-and-a-half-year-old Elena. "I hear with my ears..." he reads, then asks her: "Where are your ears?" Elena dutifully points to the sides of her head. "Oh, that's excellent!" Mr. Essell replies.

The room has few of the bright, primary colors that are common at many day-care centers. They could be jarring to the elderly. The colors in the Mount Kisco center are more neutral, and the atmosphere is cozy and plush, with a sort of family-room feel. The seniors reside at one end while the children are on the other end. They meet periodically throughout the day, either in playrooms or in an outdoor patio.

Finding a Program

People interested in intergenerational programs can check Generations United's online database of more than 500 such programs at www.gu.org. (Click on "intergenerational.") People in the field say good programs should encourage spontaneous and planned interactions. Most important, staff should be trained in caring for both children and for the elderly, so that they are well-prepared for the unexpected. Centers typically have an "intergenerational coordinator" trained in caring for both small children and the elderly, whose job is to talk to staffs on both sides regularly and plan out mutually beneficial activities.

It is also critical to make sure one age group isn't treated as there simply for the purpose of the other. "We have to remember that the other side of the equation is equally important," says Elizabeth Larkin, who researches intergenerational care at the University of South Florida at Sarasota-Manatee. She believes it is imperative to have dual-trained workers so that both young and old feel understood. "It's not a quality program if it's not mutually beneficial."

Write to Anne Marie Chaker at anne-marie.chaker@wsj.com

Updated September 23, 2003

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